

HOUSING FOR PUBLIC SCHOOL EMPLOYEES, CITY EMPLOYEES AND CHILDCARE TEACHERS (HPCC)

DOWN PAYMENT ASSISTANCE LOAN PROGRAM

Thank you for your interest in the Down Payment Assistance Loan Program. Please mail this application and other requested documentation to:

City of Sunnyvale Housing Division c/o Katrina L. Ardina P.O. Box 3707 Sunnyvale, CA 94088-3707

If you have any questions or need assistance filling out this application please contact Program Administrator, Katrina L. Ardina at (408) 730-7451 or via email at kardina@ci.sunnyvale.ca.us. All information provided in this application is confidential. Please type or print all responses. This application does not constitute a loan approval.

Indicate Amount of Assistance Requested: \$_ (Maximum Loan amount \$50,000) BORROWER INFORMATION Borrower Co-Borrower Borrower's Name (include Jr. or Sr. if applicable) Co-Borrower's Name (include Jr. or Sr. if applicable) Social Security Number Home Phone (include area code) Date of Birth Social Security Number) Home Phone (include area code) Date of Age Birth Dependents (not listed by Co-Borrower) □Married □Separated □Married □Separated Dependents (not listed by Borrower) No. □Unmarried (include single, divorced, widowed) No. Ages: □Unmarried (include single, divorced, widowed) Present Address (street, city, state, Zip) \square Own □ Rent No. Yrs. Present Address (street, city, state, Zip) □ Own □ Rent If residing at present address for less than two years, complete the following: Former Address (street, city,state,ZIP) □ Own □ Rent Former Address (street, city,state,ZIP) □ Own □ Rent No. Yrs. Former Address (street, city,state,ZIP) □ Own □ Rent No. Yrs. Former Address (street, city,state,ZIP) □ Own □ Rent No. Yrs. Household Information: Size of Household: (circle one) 1 2 3 5 6 8 or more (Complete one line for each non-applicant member of your household) Name Relation Age **Social Security Number** EMPLOYMENT INFORMATION Borrower Co-Borrower Name and Address of Employer ☐ Self-Employed Years on this Job Name and Address of Employer ☐ Self-Employed Years on this Job Yrs. Employed in this line of work/profession Yrs. Employed in this line of work/profession Position/Title/Type of Business Business Phone (incl. Area code) Position/Title/Type of Business Business Phone (incl. Area code) If employed in current position for less than two years or if currently employed in more than one position, complete the following: Dates (from-to) Name and Address of Employer ☐ Self-Employed Dates (from-to) Name and Address of Employer ☐ Self-Employed Monthly Income Monthly Income Position/Title/Type of Business Business Phone (incl. Area code) Position/Title/Type of Business Business Phone (incl. Area code) Name and Address of Employer ☐ Self-Employed Dates (from-to) Dates (from-to) Monthly Income Monthly Income Position/Title/Type of Business Business Phone (incl. Area code) Position/Title/Type of Business Business Phone (incl. Area code)

		MC	ONTHLY IN	ICOME AND COM	BINED HO	USIN	IG EXPENS	Ε			
GROSS MONTHLY INCOME	BORROWER	со-во	RROWER	TOTAL	Describe	Othe	r Income Alir	mony, child supp	oort or sep	oarate m	aintenance income
Base Empl Income*					B/C	Des	scription			Mont	thly Amt.
Overtime					D/C	Des	ы прион			IVIOIT	uny Amt.
Bonuses										•	
Commissions										\$	
Dividends/Interest											
Net Rental Income										\$	
					1						
OTHER (see the notice in *describe other income* to the											
right)										\$	
TOTAL Self Employed Borrower(s) may b	\$ e required to prov	\$ vide addit	ional docu	\$ mentation such as t	ax returns a	nd fir	nancial state	ments.	TOTAL	\$	
			A	SSETS AND LIAE	ILITIES (DI	EBTS	5)				
ASSETS Description	Cash o	r Market '	Value	DEBTS			Monthly Payment & Months Left to Pay			Unpaid Balance	
Cash deposit toward purchase Held by:			\$				List credit cards, auto loans, student loar support payments, or any other liabilities				
List all checking and savings acc	counts below			Type of credit ca Sears, etc)	rd (Visa, MC,	'	\$ Payt./Mos	6.	y canor no		\$
Name of Bank, S&L, or Credit Unio	Name of Bank, S&L, or Credit Union			Acct. No.			\$ Payt./Mos.				\$
Current Balance \$			Type of credit card (Visa, MC, Sears, etc)			\$ Payt./Mos.				\$	
				(1100, 1100, 1100,				\$ Payt./Mos.			
Name of Bank, S&L, or Credit Union			Acct. No.								\$
Current Balance \$	Type of credit card (Visa, MC, Sears, etc)					\$ Payt./Mos.			\$		
Name of Bank, S&L, or Credit Union			Acct. No.								\$
								\$ Payt./Mos.			
Current Balance \$			Type of c	redit card (Visa, MC,	Sears, etc)			\$ Payt./Mos.			\$
Do you anticipate receiving gift fund	de for down navmo	nt and/or		•	Acct. No.						
☐ Yes ☐ No If yes, how	w much? \$	THE ATTO/OF C	Joshig Cost		Acct. No.						
Stocks & Bonds (Company name, number & description)	\$			Type of Liability			\$ Payt./Mo	S.		\$	
IRA/401K	\$	\$			Acct. No.						
Net worth of business(es) owned	\$				Type of Liability \$			S.		\$	
(attach financial statement)											
Other Assets (itemize)	\$			Acct. No.						1	
Total Assets	\$			Alimony/Child Su	pport/Separa	ate			\$		
	Maintenance Payments Owed to:										
			Job Related Expenses (child care, union dues						\$		
ist any additional name under wh. ALTERNATE	ich credit has pre NAME	viously b	een receive	ed and indicate app (ropriate cred	ditor r IAME	name(s) and	account numb	er(s):	AC	COUNT NUMBER
			<u> </u>								

HPCC-DPA Appln 2

	DECLARATIONS											
If yo ι a)	answer "yes" to any questions below, you may submit an additional sheet for explanation. Are there any outstanding judgments against you?	BORROWER ☐ yes ☐ no	CO-BORROWER ☐ yes ☐ no									
b)	Have you been declared bankrupt within the past 7 years?	□ yes □ no	□ yes □ no									
c)	Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	□ yes □ no	□ yes □ no									
d)	Are you a party to a lawsuit?	□ yes □ no	□ yes □ no									
e)	Have you directly or indirectly been obligated on any loan that resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	□ yes □ no	□ yes □ no									
f)	Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation bond, or loan guarantee?	□ yes □ no	□ yes □ no									
g)	Are you obligated to pay alimony, child support, or separate maintenance?	□ yes □ no	□ yes □ no									
h)	Is any part of the down payment borrowed?											
i)	Are you a co-maker or endorser on a note?	□ yes □ no	□ yes □ no									
j)	Are you a U.S. citizen?	□ yes □ no	□ yes □ no									
k)	Are you a permanent resident alien?	□ yes □ no	□ yes □ no									
l)	Do you intend to occupy the property as your primary residence?	□ yes □ no	□ yes □ no									
		□ yes □ no	□ yes □ no									
m)	Have you had an ownership interest in a property in Santa Clara County within the last 3 years?	□ yes □ no	□ yes □ no									
	PROPERTY INFORMATION											
Addre	ss: City:											
Purch	ase Price: \$ Number of square feet:	_ Number of Bedro	oms:									
LIOM	EBUYER CERTIFICATION OF ELIGIBILITY:											
Assis	ify to the best of my knowledge and belief that I am eligible for assistance from the City of Sunny tance Loan Program for Public School Employees, City Employees and Childcare Teachers Programy which is a part of this packet):											
A.	. Income:											
	My/Our household qualifies as a moderate-income household, with a current total ann \$, which is 120% or below the current area median income adjusted											
В.	Employment (please check one):	Employment (please check one):										
	 I am a permanent, full-time employee, employed by a school district serving Sunnyvale the majority of students are residents of Sunnyvale (See attached listing of schools identified v residents of Sunnyvale) 											
	() I am a full-time (permanent) employee with the City of Sunnyvale	() I am a full-time (permanent) employee with the City of Sunnyvale										
	() I am a qualified child care provider working at a State-licensed childcare center located with childcare center for school-aged children operated by a school district within the City of Sunny State Title 22 requirements	•	•									
C.	First-Time Homebuyer:											
	I meet the following condition:											
	() I have not owned a primary residence in Santa Clara County within the past three years											
DI	ECLARTION OF OWNER-OCCUPANCY:											
	I,, declare as follows:											
	1) I am purchasing the dwelling within one of the following cities: Sunnyvale, Cupertino, Santa Altos, or Mountain View.	Clara, San Jose,	, Saratoga, Los									
	2) I will reside in this property as my primary residence.											

3) I understand that I/we will be in default of the times of this loan for failure to occupy the property as my primary residence.

HPCC-DPA Appln 3